

# Q - Mood - Dsm5 Adult

Record ID

## Questionnaire - Metadata

Session ID

Questionnaire Started At

Questionnaire Completed At

Questionnaire Duration (seconds)

**During the past TWO (2) WEEKS, how much (or how often) have you been bothered by the following problems?**

**0=None (Not at all), 1=Slight (Rare, less than a day or two), 2=Mild (Several days), 3=Moderate (More than half the days), 4=Severe (Nearly every day)**

	0=None (Not at all)	1=Slight (Rare, less than a day or two)	2=Mild (Several days)	3=Moderate (More than half the days)	4=Severe (Nearly every day)
Little interest or pleasure in doing things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down, depressed, or hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling more irritated, grouchy, or angry than usual?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleeping less than usual, but still have a lot of energy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Starting lots more projects than usual or doing more risky things than usual?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling nervous, anxious, frightened, worried, or on edge?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling panic or being frightened?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoiding situations that make you anxious?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Unexplained aches and pains (e.g., head, back, joints, abdomen, legs)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling that your illnesses are not being taken seriously enough?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thoughts of actually hurting yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hearing things other people couldn't hear, such as voices even when no one was around?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling that someone could hear your thoughts, or that you could hear what another person was thinking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problems with sleep that affected your sleep quality over all?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problems with memory (e.g., learning new information) or with location (e.g., finding your way home)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unpleasant thoughts, urges, or images that repeatedly enter your mind?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling driven to perform certain behaviors or mental acts over and over again?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling detached or distant from yourself, your body, your physical surroundings, or your memories?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not knowing who you really are or what you want out of life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not feeling close to other people or enjoying your relationships with them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drinking at least 4 drinks of any kind of alcohol in a single day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking any cigarettes, a cigar, or pipe, or using snuff or chewing tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Using any of the following medicines ON YOUR OWN, that is, without a doctor's prescription, in greater amounts or longer than prescribed [e.g., painkillers (like Vicodin), stimulants (like Ritalin or Adderall), sedatives or tranquilizers (like sleeping pills or Valium), or drugs like marijuana, cocaine or crack, club drugs (like ecstasy), hallucinogens (like LSD), heroin, inhalants or solvents (like glue), or methamphetamine (like speed)]?

☐☐☐☐☐

### DSM-5 Adult (ASRM)

**Choose the one statement in each group that best describes the way you (the individual receiving care) have been feeling for the past week.**

**Please note: The word "occasionally" when used here means once or twice; "often" means several times or more and "frequently" means most of the time.**

Question 1

- ☐ I do not feel happier or more cheerful than usual.
- ☐ I occasionally feel happier or more cheerful than usual.
- ☐ I often feel happier or more cheerful than usual.
- ☐ I feel happier or more cheerful than usual most of the time.
- ☐ I feel happier or more cheerful than usual all of the time.

Question 2

- ☐ I do not feel more self-confident than usual.
- ☐ I occasionally feel more self-confident than usual.
- ☐ I often feel more self-confident than usual.
- ☐ I frequently feel more self-confident than usual.
- ☐ I feel extremely self-confident all of the time.

Question 3

- ☐ I do not need less sleep than usual.
- ☐ I occasionally need less sleep than usual.
- ☐ I often need less sleep than usual.
- ☐ I frequently need less sleep than usual.
- ☐ I can go all day and all night without any sleep and still not feel tired.

Question 4

- ☐ I do not talk more than usual.
- ☐ I occasionally talk more than usual.
- ☐ I often talk more than usual.
- ☐ I frequently talk more than usual.
- ☐ I talk constantly and cannot be interrupted.

## Question 5

- ☐ I have not been more active (either socially, sexually, at work, home, or school) than usual.  
☐ I have occasionally been more active than usual.  
☐ I have often been more active than usual.  
☐ I have frequently been more active than usual.  
☐ I am constantly more active or on the go all the time.

**DSM-5 Adult (Social Phobia)**

**The following questions ask about thoughts, feelings, and behaviors that you may have had about social situations. Usual social situations include: public speaking, speaking in meetings, attending social events or parties, introducing yourself to others, having conversations, giving and receiving compliments, making requests of others, and eating and writing in public.**

**During the PAST 7 DAYS, I have...**

	Never	Occasionally	Half of the time	Most of the time	All of the time
felt moments of sudden terror, fear, or fright in social situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
felt anxious, worried, or nervous about social situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
had thoughts of being rejected, humiliated, embarrassed, ridiculed, or offending others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
felt a racing heart, sweaty, trouble breathing, faint, or shaky in social situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
felt tense muscles, felt on edge or restless, or had trouble relaxing in social situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
avoided, or did not approach or enter, social situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
left social situations early or participated only minimally (e.g., said little, avoided eye contact)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
spent a lot of time preparing what to say or how to act in social situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
distracted myself to avoid thinking about social situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
needed help to cope with social situations (e.g., alcohol or medications, superstitious objects)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>